

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516 425

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16	1	0	1				66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27	1		1				77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		4		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		0		1			90						
41		0		1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	38	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			41				TOTAL CLAIMS						